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1652 / AF / ZZW

PTO/SB/21 (09-04)

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/089,871	
	Filing Date	June 4, 1998	
	First Named Inventor	Rudolf C. BARENDSE	
	Art Unit	1652	
	Examiner Name	D. Ramirez	
Total Number of Pages in This Submission	14	Attorney Docket Number	251502008600

ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form (1 page plus duplicate for fee processing)	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input checked="" type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) (1 page)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request (1 page)	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	Request for Appeal Conference (9 pages)
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	Return Receipt Postcard
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts/Incomplete Application	Remarks	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		

CUSTOMER NO.: 25225**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

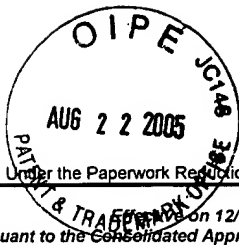
Firm Name	MORRISON & FOERSTER LLP		
Signature			
Printed name	Carolyn A. Favorito		
Date	August 22, 2005	Reg. No.	39,183

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV 441 682 477 US, in an envelope addressed to: MS AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: August 22, 2005

Signature:

(Judy Calem)



FEE TRANSMITTAL For FY 2005		Complete if Known	
		Application Number	09/089,871
		Filing Date	June 4, 1998
		First Named Inventor	Rudolf C. BARENDSE
		Examiner Name	D. Ramirez
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Art Unit	1652
TOTAL AMOUNT OF PAYMENT		(\$)	1,520.00
		Attorney Docket No.	251502008600

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card
<input type="checkbox"/> Money Order	<input type="checkbox"/> None
<input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account	Deposit Account Number: <u>03-1952</u> Deposit Account Name: <u>Morrison & Foerster LLP</u>
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
	FILING FEES		SEARCH FEES		EXAMINATION FEES		
		<u>Small Entity</u>		<u>Small Entity</u>		<u>Small Entity</u>	
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____
2. EXCESS CLAIM FEES							<u>Small Entity</u>
Fee Description							Fee (\$) Fee (\$)
Each claim over 20 (including Reissues)							50 25
Each independent claim over 3 (including Reissues)							200 100
Multiple dependent claims							360 180
Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims			
18	- 38 = 0	x	= 0.00	Fee (\$)	Fee Paid (\$)		
						0.00	
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)				
2	- 3 = 0	x	= 0.00				
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof		Fee (\$)	Fee Paid (\$)		
_____	- 100 = _____	/50 _____ (round up to a whole number) x		_____	= _____		
4. OTHER FEE(S)							Fees Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)							
Other (e.g., late filing surcharge): 1401 Notice of appeal							500.00
1253 Extension for response within third month							1,020.00

SUBMITTED BY			
Signature		Registration No. (Attorney/Agent)	39,183
Name (Print/Type)	Carolyn A. Favorito	Telephone	(858) 720-5195
		Date	August 22, 2005